CHILDREN'S MEDICAL SERVICES NETWORK

RISK MANAGEMENT PLAN

MARCH 2015

Table of Contents

1. Purpose 3

2. Guiding Principles 3

    2.1 Governing Body Leadership 4

3. Definitions 5

4. Program Goals and Objectives 7

5. Scope and Functions of the Program 7

    5.1 Functional Interfaces 7

    5.2 Risk Management Program Functions 8

6. Administrative and Committee Structure and Mechanism for Coordination 10

7. Monitoring and Continuous Improvement 11

8. Confidentiality 12

9. Risk Management Education 12

10. Method for Dismissal from Care 12

11. CMSN Area Office Critical and Adverse Reporting 13

12. Handling of Impaired Health Care Professionals 14

13. Program Approval 15

14. Governing Body Approval 15

15. Appendices 16

    Appendix A-Critical Incident Flow Chart 16
    Appendix B-Risk Management Overview 17
    Appendix C-Risk Management Description-CMSN/Ped-I-Care 18
    Appendix D-Risk Management Policy-CMSN/SFCCN 20

Risk Management Plan
Children's Medical Services Network
Policies and Procedures

1. PURPOSE

The Risk Management Plan is designed to support the mission and vision of Children's Medical Services Network (CMSN) as it pertains to clinical and patient safety. The purpose of the program is to provide a systematic process of identifying, evaluating and reducing losses associated with care and safety of enrollees as well as injuries of employees, visitors, property loss or damages that could be a source of potential legal liability for the CMSN.

2. GUIDING PRINCIPLES

The Risk Management Plan is an overarching, conceptual framework that guides the development of a program for risk management and patient safety initiatives and activities. The risk management plan is operationalized through a formal, written risk management program. Risk Management activities are carried out through the Quality and Practice Management Unit (Unit Manager and QI/UM/RM Community Nursing Consultant). The Risk Management Program encompasses review of the areas of actual or potential sources or risk and/or liability. An incident reporting system is utilized to collect and trend undesirable or adverse occurrences in all areas throughout the organization.

The Risk Management Program supports the CMSN's philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among management, providers, volunteers and staff are essential for an efficient and effective Risk Management Program. The program is implemented through the coordination of multiple organizational functions and activities of multiple departments and contracted entities. The Risk Management Program applies a consistent application throughout CMSN which includes our Area Offices and all departments in the program.

CMSN supports the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error analysis and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with patient safety and risk management practices. As such, if evaluation and investigation

of an error or event reveals reckless behavior or willful violation of policies, disciplinary actions will be taken.

CMSN's Risk Management Plan is used to stimulate the development, review and revision of the organization's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of the Risk Management Plan provide the foundation for developing key policies and procedures for day-to-day risk management activities and are evaluated on an on-going basis. Principles include:

- Claims management
- Complaint and Grievance resolution
- Confidentiality and release of information
- Event investigation, root-cause analysis and follow-up
- Failure mode and effects analysis
- Provider and staff education, competency validation and credentialing requirements
- Reporting and management of adverse events and near misses
- Trend analysis of events, near misses and claims
- Analysis of enrollee and provider satisfaction surveys

CMSN identifies potential improvements in processes or systems that would tend to decrease the likelihood of incidents in the future, or determines, after analysis, that no such improvement opportunities exist.

2.1 Governing Body Leadership

The success of the CMSN Risk Management Program requires top-level commitment and support. The governing body authorizes the formal program and adoption of this Plan through a resolution documented in meeting minutes of the body. The governing body reviews and approves the Risk Management Program annually including review of enrollee and provider satisfaction surveys.

The governing body is committed to promoting the safety of all patients and individuals involved in the organization's operations. The Risk Management Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety. The governing body empowers the organization's leadership and management teams with the responsibility of implementing performance improvement and risk management strategies.

3. DEFINITIONS

- **Adverse event or incident:** Critical events that negatively impact the health, safety or welfare of patients. Adverse incidents may include events involving abuse, neglect, exploitation, major illness or injury, involvement with law enforcement, elopement/missing or major medication incidents. An adverse event or incident is an undesired outcome or occurrence, not expected within the normal course of care of treatment, disease process, condition of the patient or delivery of services. It is an unexpected occurrence during a health care encounter involving member death or serious physical or psychological injury or illness including loss of limb or function, not related to the natural course of the member's illness or underlying condition. An adverse event or incident includes any process variation for which a recurrence carries a significant chance of a serious adverse outcome. It also includes events such as actual breaches in medical care, administrative procedures or others resulting in an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and service for an enrollee including reactions to drugs and materials. Circumstances or events that could have resulted in an adverse event ("near miss") are included in this definition.
- **Claims management:** Activities undertaken by the Risk Manager to exert control over potential or filed claims against the organization and/or its providers. This includes investigating adverse events or incidents.
- **Failure mode and effects analysis:** A proactive method for evaluating a process to identify where and how it might fail and for assessing the relative impact of different failures in order to identify the parts of the process that are most in need of improvement.
- **Loss control/loss reduction:** The minimization of the severity of losses through methods such as claims investigation and administration, early identification and management of events, and minimization of potential loss of reputation.
- **Loss prevention:** The minimization of the likelihood (probability) of a loss through proactive methods such as risk assessment and identification; staff and volunteer education, credentialing and development; policy and procedure implementation, review and revision; quality review and improvement; root-cause analysis; and others.
- **Near miss:** An event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention. Near misses are opportunities for learning and afford the chance to develop preventive strategies and actions. Near misses receive the same level of scrutiny as adverse events that result in actual injury.

- **Risk analysis:** Determination of the causes, potential probability and potential harm of an identified risk and alternatives for dealing with the risk. Examples of risk analysis techniques include failure mode and effects analysis, systems analysis, root-cause analysis, and tracking and trending of adverse events and near misses, among others.
- **Risk assessment:** Activities undertaken in order to identify potential risks and unsafe conditions inherent in the organization or within targeted systems or processes.
- **Risk avoidance:** Avoidance of engaging in practices or hazards that expose the organization to liability.
- **Risk control:** Treatment of risk using methods aimed at eliminating or lowering the probability of an adverse event (i.e., loss prevention) and eliminating, reducing, or minimizing harm to individuals and the financial severity of losses when they occur (i.e., loss reduction).
- **Risk identification:** The process used to identify situations, policies or practices that could result in risk of patient harm and/or financial loss. Sources of information include proactive surveys, medical records, clinic and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, risk analysis methods such as failure mode and effects analysis and systems analysis and informal communication with health care providers if needed.
- **Risk management:** Clinical and administrative activities undertaken to identify, evaluate, prevent and control the risk of injury to patients, staff, visitors, volunteers and others and to reduce the risk of loss to CMSN itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business and operational risks.
- **Root-cause analysis:** A process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event.
- **Sentinel event:** Defined by the Joint Commission as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes the loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse event.
- **Unsafe and/or hazardous condition:** Any set of circumstances (exclusive of a patient’s own disease process or condition) that significantly increases the likelihood of a serious adverse outcome for a patient or of a loss due to an accident or injury to a visitor, employee, volunteer or other individual.
- **Agency for Health Care Administration (AHCA):** State of Florida agency responsible for oversight and administration of the Medicaid Program.

4. PROGRAM GOALS AND OBJECTIVES

The Risk Management Program goals and objectives are to:

- Continuously improve patient safety and minimize and/or prevent the occurrence of errors, events and system breakdowns leading to harm to patients, staff, volunteers, visitors and others through proactive risk management activities.
- Ensure coordination of risk management activities with the CMSN Quality Improvement Program.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to CMSN overall by proactively identifying, analyzing, preventing and controlling potential clinical, business and operational risks.
- Facilitate compliance with regulatory, legal and accrediting agency requirements.
- Protect human and intangible resources (e.g., reputation).

5. SCOPE AND FUNCTIONS OF THE PROGRAM

The CMSN Risk Management Program interfaces with many operational departments and services throughout the organization. The risk management program consistently applies the application of the risk management program throughout the entire organization including all departments and all Area Offices.

5.1 Functional Interfaces

Functional interfaces with the Risk Management Program include the following:

- Area Office oversight
- Care Coordination
- Credentialing of providers (uses a risk management review process for re-credentialing and in the provider clinical record review by the ICS's)
- Disaster preparation and management
- Event/incident/accident reporting and investigation
- Information technology
- Legal
- Patient and family education
- Patient and provider satisfaction
- Pharmaceuticals and therapeutics
- Policy and procedures
- Quality Improvement and performance assessment
- Regulatory, legal and accrediting compliance

- Safety and security
- Staff education
- Utilization Management
- Complaints and Grievances

All potential quality issues are reported to the Central Office QI committee.

5.2 Risk Management Program Functions

Risk Management functional responsibilities include:

a) Assisting in developing systems for overseeing the reporting of adverse events, near misses and potentially unsafe conditions. This includes the development and implementation of event-reporting policies and procedures. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental or voluntary agencies. In addition to other required reports to AHCA, CMSN will report all critical incidents occurring through health services within twenty-four (24) hours of notification and will file an additional report within fifteen (15) days after CMSN received information about the injury which includes any follow-up information. CMSN will report suspected unlicensed assisted living facilities (ALF) and adult family care homes (AFCH) to AHCA and require its providers to do the same pursuant to section 408.812, Florida Statutes (F.S.).

b) Ensuring the collection and analysis for data to monitor the performance of processes that involve risk or that may result in serious adverse events. Proactive risk assessment can include the use of failure mode and effects analysis, system analysis and other tools. Proactive risk assessments will be used to identify potential improvements in processes or systems that would tend to decrease the likelihood of such incidents in the future or determines, after analysis that no such improvement opportunities exist.

c) Overseeing the organizational data collection and processing, information analysis and generation of statistical trend reports for the identification and monitoring of adverse events, claims and effectiveness of the Risk Management Program from the appropriate Integrated Care System (ICS). This includes the review of the frequency of occurrences, severity of outcomes and reportable events. A review that includes action plans that identify strategies that CMSN may implement to reduce the risk of similar incidents occurring in the future and addresses responsibility for implementation, oversight, timelines and strategies for measuring the effectiveness of the actions.

This system will utilize and include, but is not limited to, the following:

- Attorney requests for medical records
- Periodic review of all litigation involving CMSN, CMSN staff and health care professionals
- Committee reports and minutes
- Criteria-based outcome studies
- Event, incident or near miss reports
- Medical record reviews
- Monitoring systems based on objective criteria
- Nursing reports
- Patient complaints/grievances
- Physician and other medical professionals' input
- Results of failure mode and effects analysis of high risk processes
- Root-cause analyses of sentinel events

d) Analyzing data collected thoroughly on adverse events, near misses and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events. Root-cause analysis and systems analysis can be used to identify the basic or causal factors that underlie variation in performance and contributing factors in the occurrence of such events.

e) Assisting with ensuring compliance with data collection and reporting requirements of governmental, regulatory and accrediting agencies in accordance with law and regulation.

f) Reviewing provider participation in educational programs on patient safety and risk management from each ICS and assisting with ensuring staff participation in educational programs on patient safety and risk management.

g) Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution. This ordinarily involves performing safety culture surveys and assessments.

h) Proactively advising CMSN on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff and volunteers.

i) Decreasing the likelihood of claims and lawsuits by reviewing patient and family communications and education plans. Conducts periodic reviews of all litigation involving CMSN and its staff and health care professionals.

j) Supporting quality improvement programs throughout the organization.

k) Assisting in implementing programs that fulfill regulatory, legal and accreditation requirements.

l) Establishing an ongoing Risk Management Committee that is part of the Quality Improvement Committee and is composed of representatives from clinical and administrative departments and services. The Risk Management Committee ensures the development of action plans that identify strategies that are intended to reduce the risk of similar incidents occurring in the future and addresses responsibility for implementation, oversight, pilot testing as appropriate, timeliness and strategies for measuring the effectiveness of these actions.

m) Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:

- Culture of safety surveys
- Event trending data
- Ongoing risk assessment information
- Patient's and/or family's perceptions of how well CMSN meets their needs and expectations
- Quality improvement data
- Monitoring effective handoff processes for continuity of patient care
- Review of patient complaints/grievances

n) Requiring participating and direct service providers to report adverse incidents to CMSN through the ICS within twenty-four (24) hours of the incident. CMSN ensures that all participating and direct service providers are required to report adverse incidents to AHCA immediately but not more than twenty-four (24) hours of the incident. Reporting will include the enrollee's identity, description of the incident and outcomes including current status of the enrollee.

o) Reporting suspected abuse, neglect or exploitation of enrollees immediately, as required by law. The CMSN will report suspected cases of abuse, neglect and/or exploitation to the appropriate protective services unit/hotline.

6. ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISM FOR COORDINATION

The Risk Management Program is administered through the Risk Manager designee who reports to the Director of the Quality and Practice Management Unit and who has access to Bureau Chiefs and the Division Director. The Risk Manager is appointed by

the Division Director, through the direction of the governing body and is qualified by experience and/or education. The Risk Manager interfaces with administration, staff and other professionals. Risk management, may at times, cross operational lines in order to meet the goals of the program. The Risk Manager is also the Quality Improvement Committee co-chairperson. The Risk Manager is responsible for developing, implementing and monitoring a Risk Management Program that meets the needs of CMSN as well as compliance with accrediting agencies. The Risk Manager works with the contract managers for each ICS and AHCA in meeting contractual requirements. A designated employee is trained to act as a back-up should the appointed Risk Manager be unavailable. The Risk Management Committee is part of the Quality Improvement Committee and meets quarterly, or more often if needed, and includes representatives from key clinical and administrative services. The composition of the Risk Management Committee is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines and to optimize the use of key findings from risk management activities in making recommendations to reduce the overall likelihood of adverse events and improve patient safety. The committee is an integral part of the quality improvement evaluation system. The Risk Manager receives information and regular reports from each ICS regarding risk management activities.

Documentation of the designation of the Risk Manager is contained in the Risk Management Plan. The Risk Manager is responsible for overseeing day-to-day monitoring of patient safety and risk management activities and for investigating and reporting to the appropriate administrative and management staff actual or potential clinical and operational issues. The Risk Manager, with the ICS contract managers, oversees the reporting of events to external organizations per regulations and contracts and communicates analysis and feedback of reported risk management and safety information to CMSN for action.

Each ICS has established a program for documentation of risk management coverage after normal working hours for CMSN.

7. MONITORING AND CONTINUOUS IMPROVEMENT

The Risk Management Committee through the Quality Improvement Committee reviews risk management activities regularly. CMSN ensures coordination of its risk management activities with the CMSN QI program. Enrollee quality of care issues will be reported to the Quality Improvement Committee and the Governing Body. The Risk Manager reports activities and outcomes (e.g., risk and safety assessment results, event report summaries and trends) regularly to the governing body. This report informs the governing body of efforts made to identify and reduce risks and the success of these activities and communicates outstanding issues that need input and/or support for

action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, credentialing activity, relevant provider and staff education and risk management activities. In accordance with CMSN's governing body policies and procedures, recommendations from the Risk Management Committee are submitted at least quarterly to the governing body for action or non-action. Performance improvement goals are developed to remain consistent with the stated risk management goals and objectives.

Documentation is in the format of quarterly risk management reports to the governing body on risk management activities and outcomes.

8. CONFIDENTIALITY

Any and all documents and records that are part of the risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product and peer review protections.

9. RISK MANAGEMENT EDUCATION

Risk management education is provided to all new staff within 30 days of employment. Risk Management training is also provided to staff annually thereafter (and more frequently as may be needed). Each ICS is responsible for its staff education regarding risk management activities associated with CMSN. The Risk Management Program is provided to the provider network on the CMS-Kids website.

10. METHOD FOR DISMISSAL FROM CARE

There are only six (6) approved reasons for Medicaid involuntary disenrollment from the CMSN Plan. With proper written documentation, the CMSN Plan may submit involuntary disenrollment requests to AHCA or its enrollment broker through the CMSN Central Office in a manner prescribed by AHCA. The following are acceptable reasons which the plan may submit involuntary disenrollment requests:

- Fraudulent use of the enrollee's identification card. In such cases the Area Office must notify the fraud and abuse section at the CMSN Central Office.
- Falsification of prescriptions by an enrollee. In such cases the Area Office must notify the fraud and abuse section at the CMSN Central Office.
- Enrollee's behavior is disruptive, unruly, abusive or uncooperative to the extent that enrollment in the CMSN seriously impairs the organization's ability to furnish services to either the enrollee or other enrollees.

- Enrollee will not relocate from an Assisted Living Facility or Adult Family Care Home that does not, and will not conform to Home and Community-Based (HCB) characteristics required by AHCA contract FP031, Department of Health (DOH) CMSN.
- Enrollee is no longer clinically eligible to participate in the CMSN as determined pursuant to the approved screening tool.
- Enrollee no longer meets the age qualifications (under age 21) to participate in the CMSN.

Please refer to the Care Coordination Operational Plan and the policy entitled CMSN Medicaid Client Disenrollment, Closure and Transfer (HCMSP 145-302) for detailed procedures on involuntary disenrollment.

11. CMSN AREA OFFICE CRITICAL AND ADVERSE REPORTING

CMSN Area Office employees are required to complete the DOH Incident Report (DH 1152) for all critical/adverse incidents that involve DOH employees, occur at a DOH facility, or involve alleged abuse/neglect. The DOH incident report can be found on the DOH Website or at the link below:

http://dohiws.doh.state.fl.us/Divisions/Insp_General/IncidentReports.htm

CMSN employees should refer to the CMSN policy entitled “CMSN Incident/Adverse Event Reporting,” (HCMSP 145-014) for detailed information regarding reporting. Area Office CMSN employees are required to report **all** critical/adverse incidents to the appropriate ICS and the Central Office Contract Management Unit even if a DOH incident report is not needed. CMSN employees should refer to the CMSN policy entitled “ICS/AHCA Critical Incident Reporting,” (HCMSP 145-031) for detailed information regarding reporting to the ICS. For reporting purposes, the ICS for each area is responsible for maintaining a log of adverse/critical incidents. The ICS submits monthly reports and ad hoc reports to CMSN Central Office regarding adverse/critical incidents. These reports are submitted to the appropriate CMSN committees for review and analysis.

The Area Office will conduct a thorough analysis when an adverse incident occurs, in order to identify the basic or causal factors (root cause analysis) that underlie variation in performance, including the occurrence or possible occurrence of other adverse incidents. This will be reported on the DOH Incident Report (DH 1152), pages 3 and 4 (Incident Review), if applicable. The investigation will include, but is not limited to, review of medical records, interviews of any knowledgeable personnel and the review of pertinent policies and procedures.

12. HANDLING OF IMPAIRED HEALTH CARE PROFESSIONALS

Employees are expected to adhere to the state's standards of conduct concerning the possession and/or use of drugs or alcohol while on duty or while in or on state property. Violations of this policy will result in referral to the Employee Assistance Program and/or disciplinary action, up to and including dismissal (section 112.0455, F.S.). Handling of impaired health care professionals is addressed in the following DOH policies:

- Florida Department of Health Employee Handbook
- Drug-Free Workplace (DOHP 60-9)
- Employee Assistance Program (DOHP 60-11)

Rest of Page Left Intentionally Blank

12. PROGRAM APPROVAL

Areas of responsibility include the Bureau Chief of Network Operations, Bureau Chief of Network Administration and CMS Division Director. **Signatures below indicate the Risk Management Program and the appendices have been approved for implementation as CMSN policies and procedures.**

Melissa Vergeson
Bureau Chief, CMS Network Administration — Date 03/05/15

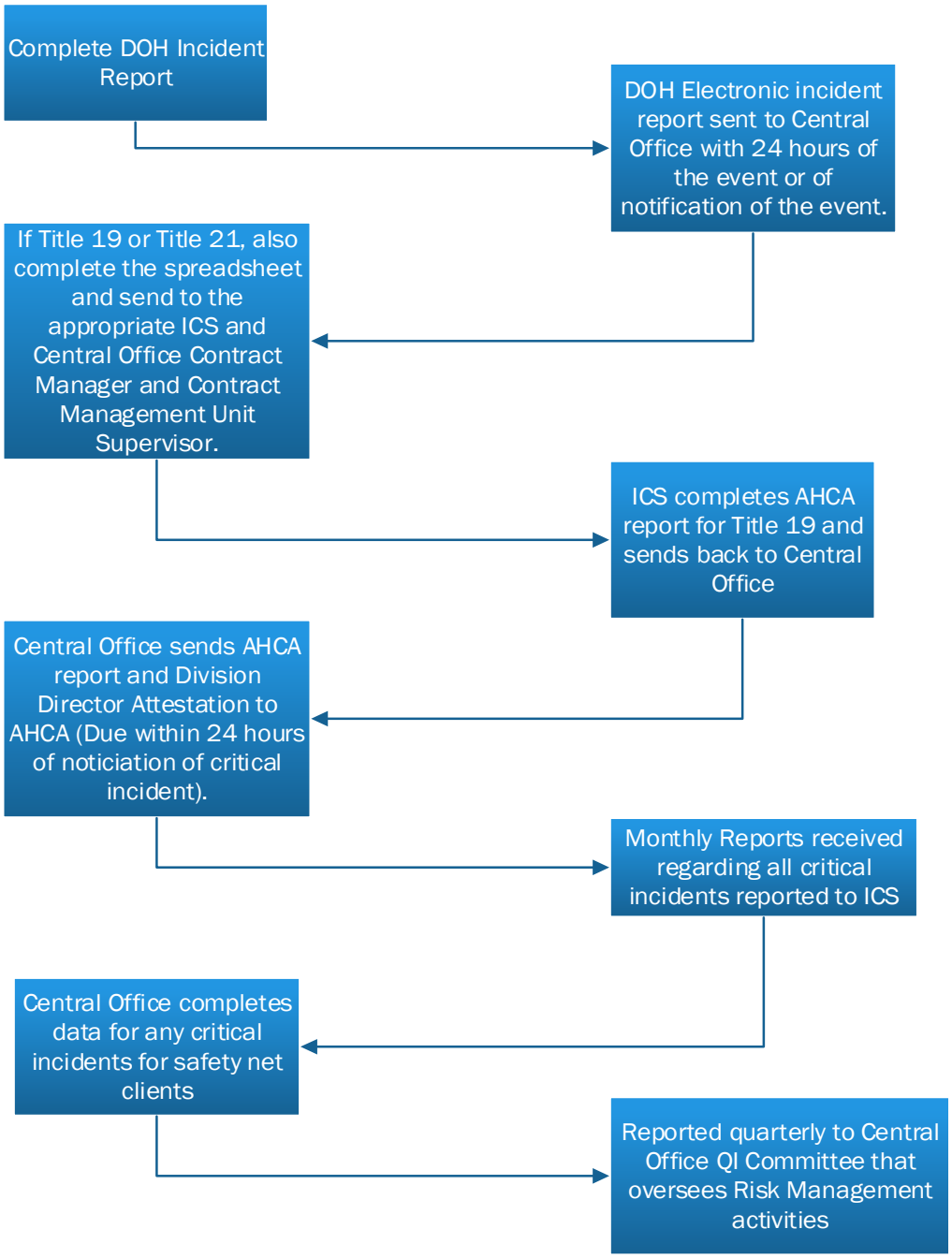
Kelli Stannard, RN, BSN
Interim Bureau Chief, CMS Network Operations — Date 3/18/15

Cassandra G. Pasley, BSN, JD
Director
Division of Children's Medical Services — Date 3/24/2015

13. GOVERNING BODY APPROVAL

Celeste M. Philip, MD, MPH
Deputy State Health Officer
Children's Medical Services
Florida Department of Health — Date 3/24/15

Critical Incident Occurs with Title 19, 21 or Safety Net



- DOH incident report not needed if the incident **did not** occur at a DOH facility, **did not** involve one of our licensees or **does not** involve alleged abuse/neglect..
- The spreadsheet for the ICS and central office must be completed for **any** deaths or baker acts regardless of the facility or location even through a DOH incident report is not necessary.
- Copies of the DOH Incident Report are not to be sent to anyone but CMSN Central Office

- This approach allows for activities to be prioritized and ensures consistency of the Risk Management effort throughout the CMSN.

Appendix C

Risk Management

(1) Children's Medical Services Network (CMSN) and Ped-I-Care have a critical and adverse incident reporting and management system for critical events that negatively impact the health, safety, or welfare of members. Adverse incidents may include events involving abuse, neglect, exploitation, major illness or injury, involvement with law enforcement, elopement/missing, or major medication incidents.

(2) Ped-I-Care requires participating and direct service providers to report adverse incidents to Ped-I-Care within twenty-four (24) hours of the incident. Ped-I-Care provider contracts require that all participating and direct service providers report adverse incidents to AHCA immediately but not more than twenty-four (24) hours of the incident. Reporting includes information including the member's identity, description of the incident, and outcomes including the member's current status.

(3) Ped-I-Care reports suspected abuse, neglect, and exploitation of members immediately, in accordance with s.30.201 and Chapter 415, Florida Statutes (F.S.). Ped-I-Care reports suspected cases of abuse, neglect, and/or exploitation to the appropriate protective services unit/hotline.

(4) Documentation related to the suspected abuse, neglect or exploitation, including the reporting of such, is maintained in a file, separate from the member's CMSN case file, that is designated as confidential. For incidents involving Title XIX members, the file is made available to AHCA upon request.

(5) CMSN will implement and maintain a risk-management program.

(6) CMSN will provide appropriate training and take corrective action as needed to ensure its staff, participating providers, and direct service providers comply with critical incident requirements.

(7) Member quality of care issues must be reported to and a resolution coordinated with CMSN and Ped-I-Care's Quality Improvement Department.

(8) Ped-I-Care reports incidents to the CMSN Contract Manager. For Title XIX, CMSN reports to AHCA, as specified in the contract under Section XIV, Reporting Requirements, in the Managed Care Plan Report Guide, and in the manner and format determined by AHCA, any death and any adverse incident that could impact the health or safety of a member (e.g., physical or sexual abuse) within twenty-four (24) hours of detection or notification.

(9) CMSN reports a summary of critical incidents in a report to AHCA as specified in the contract under Section XIV, Reporting Requirements, the Managed Care Plan Report Guide, and in the manner and format determined by AHCA.

(10) Ped-I-Care reports all serious member injuries occurring through health services to the CMSN Contract Manager. For Title XIX, CMSN reports to AHCA all serious member injuries occurring through health services within fifteen (15) days after Ped-I-Care or CMSN received information about the injury, whichever is earlier. CMSN uses AHCA's Division of Health Quality Assurance's (HQA's) online Code 15 report to document and report the incident. The Code 15 report can be found at: http://ahca.myflorida.com/SCHS/RiskMgtPubSaftey/on_line.shtml.

(11) CMSN reports suspected unlicensed ALF's and AFCH's to AHCA, and requires providers to do the same pursuant to 408.812 F.S.

(12) CMSN will develop a reporting and management system for critical and adverse incidents that occur in all service delivery settings applicable to members with Title XIX MMA benefits only.

Appendix D

S F C C N

Policy & Procedure Manual

Original Effective Date:	09/01/2013
Section:	Quality Management
Subject:	Risk Management
Supersedes:	09/19/2013, 03/12/2014, 10/09/13
Contract Section:	AHCA Core Contract, Attachment II, Section VII.F.1

Purpose: The purpose of the South Florida Community Care (SFCCN) Risk Management Program is to provide a critical and adverse incident reporting and management system for adverse critical and adverse events that may negatively impact the health, safety, or welfare of enrollees/patients as well as injuries of employees, visitors, property loss or damages that could be a source of potential legal liability for the organization.

Definitions: **Incident**: Any happening out of the ordinary which results in potential for actual injury to a patient, visitor or employee, or damage to the organization property.

Adverse or Sentinel Event: An unexpected occurrence during a health care encounter involving an enrollee death, serious physical or psychological injury or illness, including loss of limb or function not related to the natural course of the member's illness or underlying condition. This definition includes any process variation for which a recurrence carries a significant chance of a serious adverse outcome. This includes actual or potential breaches in medical care, administrative procedures or others resulting in an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and service for an enrollee. During this event health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which results in the following injuries:

- Death;
- Brain or spinal damage;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- A resulting limitation of neurological physical, or sensory function which continues after discharge from the facility;
- Any condition that required specialized medical attention or surgical intervention resulting from non-emergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent;
- Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident;
- A surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition;
- Surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
- A procedure to remove unplanned foreign objects remaining from a surgical procedure.
- Allegation of sexual misconduct as defined Florida Statue Chapter 456 of the respective practice act by a by a licensed health care practitioner that involves a patient.

Code 15 Report: Reports in detail and analyzes each serious patient injury, as defined by Chapter 395 F.S., and due in to the AHCA within 15 days from the time of the occurrence of the injury. A Code 15 is defined as:

- The death of a patient;
- Brain or spinal damage to a patient;
- The performance of a surgical procedure on the wrong patient;

- The performance of a wrong-site surgical procedure;
- The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition;
- The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
- The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.

Policy: The SFCCN Risk Management Program consists of the necessary elements to meet the requirements of the Florida Statues, the Agency for Health Care Administration (AHCA), State of Florida Department of Health/Children Medical Services Network (CMSN) and accrediting bodies. The SFCCN Risk Manager is responsible for developing, implementing and monitoring to ensure compliance of the SFCCN Risk Management Program.

Procedure:

1. The Risk Manager is appointed by the Executive Director and is responsible for developing, implementing, monitoring and evaluating the Risk Management Program in conjunction with SFCCN Compliance Officer.

2. Participating providers and direct service providers are required to report adverse incidents to the SFCCN Risk Manager within twenty-four (24) hours of the incident. Reporting will include information including the enrollee's identity, description of the incident and outcomes including current status of the enrollee. The SFCCN Risk Manager shall report to Bureau Managed Health Care (BMHC), as **specified** in Section XII, Reporting Requirements, and the Health Plan Report Guide, any death and any adverse incident that could impact the health or safety of an enrollee within twenty-four (24) hours after detection or notification.

3. Any sentinel event or Code 15 incident must be reported to AHCA BMHC Plan Analyst by the SFCCN Risk Manager within 15 days from the time of occurrence using the online reporting form and reporting guide that can be found at: http://ahca.myflorida.com/MCHQ/Managed_Health_Care/MHMO/med_prov_0912.shtml

4. The SFCCN Risk Manager shall report suspected abuse, neglect and exploitation of enrollees immediately to the appropriate protective services unit/hotline in accordance with s.30.201 and Chapter 415.F.S.

5. Documentation related to the suspected abuse, neglect or exploitation including reporting of such, shall be kept in a file, separate from the enrollee's case file, that is designated as confidential. Such file will be made available to the Agency upon request.

6. The SFCCN Risk Manager shall provide a monthly summary of critical incidents to AHCA following the Agencies reporting requirements and format as defined by the Managed Care Plan Report Guide.

7. The Risk Manager is responsible for the following per the Risk Management Program Outline:

   a. New employee and annual review risk management training for all SFCCN employees.

   b. Reviews all adverse incidents related to enrollee/patient, employee, visitor, or property in which there is a potential source of liability for SFCCN.

   c. Identifies reviews, investigates and tracks all critical incidents to address and eliminate potential and actual quality of care and/or health and safety issues. This may include unexpected death, suicides, and adverse events reported by SFCCN Clinical Staff and ensure that cases are followed through proper committee structure: Peer Review Committee, QIC, and regulatory agency if the incident is a reportable issue

d. In conjunction with the SFCCN Quality Manager, reviews all enrollee/provider complaints that concern quality of care issues. Follow up and investigate as necessary.

e. In conjunction with the SFCCN Quality Manager, reviews all incidents regarding disenrolled enrollees in which the reason was disorderly conduct, non-compliance (following a complaint by provider), or fraudulent behavior.

f. Reporting to proper authorities when breech in enrollee/patient confidentiality has been identified.

g. In conjunction with the SFCCN SIU Manager and the Compliance Office reviews all identified potential fraud by enrollee and providers. The Compliance Officer ensures proper reporting through committee structure and regulatory agencies. The Risk Manager is made aware of any cases in which there is a potential for litigation.

h. Reviews the results of medical record review audits to ensure that corrective action plans are implemented to ensure contract compliance, results are reported through proper committee structures, QIC and Peer Review Committee and provider issues are included during the recredentialing process.

8. The Risk Manager monitors all reported incidents and potential quality issues to determine if the program is compliant with all policies and regulatory agencies. If areas of concern are identified a corrective action will be taken to ensure compliance.

9. SFCCN staff will utilize the Human Resource Department, Employee Health, Employee Assistance Program and Legal Department as it relates to work place injuries, handling impaired employee, and all ethical issues. The SFCCN Risk Manager is notified if such issues compromise the care of an enrollee.

10. Any report of an impaired physician that compromises the care of an enrollee will be investigated by the Risk Manager with the assistance of the SFCCN's Medical Director. If an enrollee's care has been compromised, the physician will be referred to the peer review committee and the peer review policy will be followed. For contracted physicians, depending on the circumstances of the case, the physician will be referred for peer review and the network contract may be terminated.

11. The Risk Manager is responsible for an annual review and evaluation of the Risk Management Program. Any recommendations for change to the Risk Management Program will be represented to the QIC and forwarded to the Member Partner Committee previously Joint Operations-Finance Committee for approval.

12. The Risk Manager will delegate coverage for Risk Management activities to the SFCCN Quality Manager when necessary.